

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 30, 2021

3:05 p.m.

**MEMBERS PRESENT**

Representative Liz Snyder, Co-Chair  
Representative Tiffany Zulkosky, Co-Chair  
Representative Ivy Spohnholz  
Representative Zack Fields  
Representative Ken McCarty  
Representative Mike Prax  
Representative Christopher Kurka

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

CS FOR SENATE BILL NO. 70 (HSS)

"An Act relating to opioid overdose drugs; and providing for an effective date."

- MOVED CSSB 70 (HSS) OUT OF COMMITTEE

HOUSE BILL NO. 119

"An Act relating to medical assistance for recipients of adult foster care services; establishing an adult foster care home license and procedures; and providing for the transition of individuals from foster care to adult foster care homes."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 70

SHORT TITLE: OPIOID OVERDOSE DRUGS

SPONSOR(s): SENATOR(s) WILSON

02/05/21	(S)	READ THE FIRST TIME - REFERRALS
02/05/21	(S)	HSS
02/16/21	(S)	HSS AT 1:30 PM BUTROVICH 205
02/16/21	(S)	Heard & Held
02/16/21	(S)	MINUTE (HSS)
02/18/21	(S)	HSS AT 1:30 PM BUTROVICH 205

02/19/21	(S)	HSS RPT CS 3DP SAME TITLE
02/19/21	(S)	DP: WILSON, BEGICH, HUGHES
02/24/21	(S)	TRANSMITTED TO (H)
02/24/21	(S)	VERSION: CSSB 70(HSS)
03/01/21	(H)	READ THE FIRST TIME - REFERRALS
03/01/21	(H)	HSS
03/30/21	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 119

SHORT TITLE: ADULT FOSTER CARE FOR DISABLED  
 SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

03/01/21	(H)	READ THE FIRST TIME - REFERRALS
03/01/21	(H)	HSS, FIN
03/30/21	(H)	HSS AT 3:00 PM DAVIS 106

**WITNESS REGISTER**

SENATOR DAVID WILSON  
 Alaska State Legislature  
 Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, presented CSSB 70(HSS).

JASMIN MARTIN, Staff  
 Senator David Wilson  
 Alaska State Legislature  
 Juneau, Alaska

**POSITION STATEMENT:** Provided the sectional analysis on CSSB 70(HSS), on behalf of Senator Wilson, prime sponsor.

THERESE WELTON, Chief  
 Office of Substance Misuse and Addiction Prevention  
 Division of Public Health  
 Department of Health and Social Services  
 Juneau, Alaska

**POSITION STATEMENT:** Presented a PowerPoint, entitled "SB 70 Opioid Overdose Drugs."

VENUS WOODS, Director  
 HIV Prevention and Education  
 Alaska AIDS Assistance Association ("Four A's")  
 Anchorage, Alaska

**POSITION STATEMENT:** Testified in favor of SB 70.

JOHN LEE, Director  
 Division of Senior and Disabilities Services  
 Department of Health and Social Services

**POSITION STATEMENT:** Introduced HB 119 on behalf of the sponsor, House Rules, by request of the governor.

TONY NEWMAN, Deputy Director  
Division of Senior and Disabilities Services  
Department of Health and Social Services

**POSITION STATEMENT:** Presented HB 119 on behalf of the sponsor, House Rules, by request of the governor.

CHRISSY VOGLEY, Community Relations Manager  
Office of Children's Services  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions about HB 119 on behalf of the sponsor, House Rules, by request of the governor.

LYNN KEILMAN-CRUZ, Chief of Quality  
Division of Senior and Disability Services  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions about HB 119 on behalf of the sponsor, House Rules, by request of the governor.

SUZANNE CUNNINGHAM, Legislative Director  
Office of the Commissioner  
Department of Health and Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions about HB 119 on behalf of the sponsor, House Rules, by request of the governor.

#### **ACTION NARRATIVE**

[Due to technical difficulties, the call to order was not recorded but is recaptured from the secretary's log notes.]

[3:05:57 PM](#)

**CO-CHAIR LIZ SNYDER** called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives Spohnholz, McCarty, Prax, Kurka, Zulkosky and Snyder were present at the call to order. Representative Fields arrived as the meeting was in progress.

#### **SB 70-OPIOID OVERDOSE DRUGS**

[3:06:20 PM](#)

CO-CHAIR SNYDER announced that the first order of business would be CS FOR SENATE BILL NO. 70(HSS), "An Act relating to opioid overdose drugs; and providing for an effective date."

3:07:01 PM

SENATOR DAVID WILSON, Alaska State Legislature, as prime sponsor, presented CSSB 70(HSS). He explained that CSSB 70(HSS) allows the state medical officer to continue to issue a statewide standing order for the opioid overdose reversal drug Naloxone, also called Narcan. He explained this is to remove a four-year sunset clause on a previous bill from 2017. By removing the sunset date, local and regional response programs, first responders, the Department of Public Safety (DPS), the Department of Corrections (DOC), and the public will continue to have the ability to directly distribute and have access to the life saving drug, Naloxone, he stated.

SENATOR WILSON said Naloxone is not a controlled substance and has no potential for abuse. He stated that CSSB 70(HSS) would benefit the many friends and family of the people who would die of overdose without this life-saving medication.

3:09:21 PM

JASMIN MARTIN, Staff, Senator David Wilson, Alaska State Legislature, presented the sectional summary of CSSB 70(HSS) which read as follows [original punctuation provided]:

Section 1: Repeals language regarding the sunset of the original authorization.

Section 2: Changes the reporting requirement to reference opioid overdose drugs distribution.

Section 3: Repeals the sunset date of the original standing order authorization.

Section 4: Immediate effective date.

SENATOR WILSON commented that the Department of Health and Social Services (DHSS) had a presentation for the committee.

3:10:40 PM

REPRESENTATIVE PRAX asked if there was an expense associated with the annual report from Section 2, and if the report was necessary and added value.

SENATOR WILSON answered yes, and that in the original Senate Bill 91 from the Thirtieth Alaska State Legislature, there was a reporting mechanism. He explained that there was an attempt to remove the requirement, but the Senate Health and Social Services Standing Committee felt that the report was useful.

[3:12:03 PM](#)

CO-CHAIR SNYDER observed that the language changed components of the report, so now it referenced the various Substance Abuse and Mental Health Services Administration (SAMHSA) grants, and specifically opioid overdose drug distribution. She asked if there were any particular metrics that might be lost with that wording change.

SENATOR WILSON said that question had been asked previously, and it was his understanding that the same items would be measured. He said the difference was because of language associated with the emergency declaration.

[3:13:19 PM](#)

REPRESENTATIVE MCCARTY said he thought this was put into place before COVID-19 and asked if the term "opioid epidemic" was a SAMHSA classification for grant purposes.

SENATOR WILSON answered that in 2017 Governor Bill Walker introduced an emergency declaration on the opioid epidemic in Alaska. He said it was all SAMHSA funding.

[3:14:39 PM](#)

REPRESENTATIVE SPOHNHOLZ commented that at the time that the legislature passed Senate Bill 91, there were still rising case counts as related to opioid overdoses, the country was in the middle of a national opioid epidemic, and that is why that language was utilized. She explained that there has been progress with the opioid epidemic and therefore the language is no longer used the same way. She said it was learned that having Naloxone available saves lives.

REPRESENTATIVE MCCARTY stated that the sunset is based on the standing order. He asked if the chief medical officer could decide to change the standing order "without worrying about legislative action."

SENATOR WILSON answered yes. He explained the idea of the sunset was because that is when the funds ended federally for the program. Because this was a successful program and there was a continuation of the federal funding, his office felt it was a good practice [and sought to continue the program]. He also shared that if a better drug or treatment were to become available, the Chief Medical Officer could update the protocol if needed.

[3:16:59 PM](#)

CO-CHAIR SNYDER introduced a presentation from DHSS.

[3:18:28 PM](#)

THERESE WELTON, Chief, Office of Substance Misuse and Addiction Prevention, Division of Public Health, Department of Health and Social Services, presented a PowerPoint, entitled "SB 70 Opioid Overdose Drugs" [hard copy included in the committee packet].

MS. WELTON introduced slide 2, which outlined the steps of an overdose, which she said takes only minutes to happen. She explained that if Naloxone is not immediately available, it may take over 20 minutes for Emergency Medical Services (EMS) to arrive, which may be too late. She moved slide to 3, which showed a graph of the increase in opioid deaths since 1999.

[3:19:50 PM](#)

MS. WELTON moved to slide 4 and stated that "too many Alaskans have lost their lives to overdose" even though it is preventable with the administration of Naloxone. She shared that overdoses were one of the top ten leading causes of death in 2017.

[3:20:18 PM](#)

The committee took a brief at-ease at 3:20 p.m.

[Due to technical difficulties, the audio following the at-ease is not available. Information from slides 5-7 has been provided from the secretary's log notes and committee packet documents.]

MS. WELTON said overdose can cause significant medical impact on a person when that person does not receive timely administration of Naloxone. She emphasized that it takes just three minutes for a person who overdosed to experience brain damage, and eight minutes to die. She shared that it only takes three to four

minutes for paramedics to arrive on scene in Anchorage, but in rural areas it can take much longer for first responders to arrive on the scene. She said that people who survive overdose with brain injury can have [many long-term complications].

MS. WELTON presented slide 5 and informed the committee members that in the U.S. and Alaska synthetic opioids appear to be the primary driver of the increases in overdose deaths, increasing 38.4 percent from the 12-month period leading up to June 2019, compared with the 12-month period leading up to May 2020.

MS. WELTON presented slide 6 and said the World Health Organization (WHO), the U.S. Surgeon General, and the U.S. Society of Addiction Medicine have recommended that Naloxone is accessible to those closest to a person using opiates.

MS. WELTON presented slide 7 and explained that the current standing order allows Naloxone to be dispensed to any individuals who are not prescribers, which is generally prohibited. She stressed that Naloxone is not a controlled substance, has no potential for abuse and is safe to use. She argued that by removing the sunset date, local and regional response programs, first responders, DPS and DOC, and the general public will continue to be able to use Naloxone.

[3:23:54 PM](#)

MS. WELTON presented slide 8 and shared that all Naloxone distributed to community partners is 100 percent federally funded by the SAMHSA grant program. She shared this was used to form Project HOPE, which stands for Harm reduction, Opioid Prevention, and Education, which works to distribute and administer Narcan [the brand name for Naloxone] in Alaska with 127 community partners. Thus far Project HOPE has been part of 309 documented overdose-reversals, she shared.

MS. WELTON presented slide 9 and said that administration of Naloxone provides opportunity for recovery, and she argued that saving lives saves costs. She said that 40 percent of the economic burden of the opioid crisis is driven by lost lifetime earnings; 33 percent is by excess healthcare spending; 15 percent is from lost productivity in the work force, and 6 percent is from criminal justice costs.

MS. WELTON presented slide 10 and said the current standing medical order allows Naloxone to be dispensed to any individuals who are not prescribers, which is generally prohibited for

medication. She reiterated that it is not a controlled substance and has no potential for abuse and is safe to use. She said that by removing the sunset date, [interested parties] will be able to distribute and use the life-saving drug Naloxone. She shared that the report in CSSB 70 (HSS) would still provide information on the opiate epidemic and the opiate overdose drug distribution.

MS. WELTON closed her presentation with slide 11. She said without passage of CSSB 70(HSS) Naloxone would be available only to those with a prescription from a medical provider submitted to a pharmacy, which she argued makes the legislation imperative.

[3:26:54 PM](#)

REPRESENTATIVE MCCARTY referenced slide 5. He observed the increase from 2018 to 2019 in opioid death rates in Alaska and asked if it was because of an increase in Fentanyl use.

MS. WELTON answered that that is the preliminary thought.

CO-CHAIR SNYDER commented that she wished to move the legislation out of committee after public testimony.

[3:28:47 PM](#)

CO-CHAIR SNYDER opened public testimony on CSSB 70(HSS).

[3:29:04 PM](#)

VENUS WOODS, Director, HIV Prevention and Education, Alaska AIDS Assistance Association ("Four A's"), testified in favor of CSSB 70(HSS). She said the legislation was important for Four A's and shared that the organization runs Anchorage's only syringe service program. She explained that the program provides overdose education and gives out Narcan kits. She said without SB 70, Four A's would no longer be able to give out the kits, and she believed overdose deaths would increase.

[3:30:30 PM](#)

CO-CHAIR SNYDER closed public testimony.

REPRESENTATIVE SPOHNHOLZ commented that the program has been very effective, and that it creates an opportunity anytime somebody doesn't die from an overdose to find a path to



recovery. She said the program has become the standard nationwide. She said it was initially [set to sunset after] four-years because it was a new thing that hadn't yet been done. She emphasized the program has proven to be effective, very safe, and is recommended by the U.S. Surgeon General, and therefore, she believed it made sense to move CSHB 70(HSS) from committee.

[Discussion of CSSB 70(HSS) was concluded later in the meeting.]

[3:31:33 PM](#)

The committee took an at-ease from 3:32 p.m. to 3:36 p.m.

#### **HB 119-ADULT FOSTER CARE FOR DISABLED**

[3:36:10 PM](#)

CO-CHAIR SNYDER announced that the next order of business would be HOUSE BILL NO. 119, "An Act relating to medical assistance for recipients of adult foster care services; establishing an adult foster care home license and procedures; and providing for the transition of individuals from foster care to adult foster care homes."

[3:37:21 PM](#)

JOHN LEE, Director, Division of Senior and Disabilities Services, Department of Health and Social Services, introduced HB 119 on behalf of the sponsor, House Rules, by request of the governor. He explained that HB 119 addressed an urgent need to establish safe residential living for certain foster children who must transition out of foster care upon turning 18 years of age, by allowing adults to transition their current foster care license to a new adult foster care home license, in order to allow a foster child to remain in the same home when the child is released from state custody.

[3:38:13 PM](#)

TONY NEWMAN, Deputy Director, Division of Senior and Disabilities Services, Department of Health and Social Services, discussed HB 119 on behalf of the sponsor, House Rules, by request of the governor. He described the type of individual the bill was meant to serve, saying this was a person who starts out life with a disability that could be due to a range of conditions, such as autism or Down syndrome, or more serious conditions that can rely on prolonged medical treatment. He

said this could be for anyone assessed with having a disability such that the individual could receive services in an institution or skilled nursing facility and is therefore eligible to participate in an Alaska Home and Community Based Service (HCBS) Waiver. He said that these children are often in foster care because their parents were unwilling or unable to give them the care that they needed and shared that in any given time in Alaska roughly 20 children are in the state's custody and have the kinds of disability he was describing. He argued that these kids could enjoy a secure life in a home setting instead of an institution.

MR. NEWMAN said the need for HB 119 arises because of changes that occur when the youth reaches adulthood. He explained that the foster parent is no longer able to offer traditional foster care once the youth ages out of state custody. He added that there are disincentives and obstacles that make it difficult for a foster parent to transition to a new kind of care giving arrangement, which in turn makes it hard for the young person to remain with those people.

MR. NEWMAN said the bill's inception goes back to 2013 when constituents brought the issue to Governor Mike Dunleavy when he was a Senator. He shared that in 2017 Governor Dunleavy introduced Senate Bill 10, which did not pass before he left the Senate. Mr. Newman said that the governor asked DHSS to return to work on the issue about one year ago. He explained that the department has been tasked to find as easy a way as possible for foster children and foster parents to remain together as a family if they so choose.

[3:41:29 PM](#)

MR. NEWMAN presented a graphic entitled "HB 119 Adult Foster Care for Disabled." He said the service structure at the Division of Senior and Disabilities Services is complex, but the diagram shows what happens currently and how the bill attempts to provide a solution. He explained the kinds of services and supports a youth in foster care could receive, including Child Family Home Habilitation at \$157 per day, or a foster care stipend at about \$70 per day, and personal care services, which he explained is an individual who provides help with the activities of daily living.

MR. NEWMAN directed attention to the "Adult" portion of the flow chart. He explained that currently, the Family Home Habilitation amount is reduced to \$126 per day because there are

more waiver services to promote independence, and the aged-out youths lose personal care services because independence and self-care is assumed to be occurring. He shared that a parent would then need to apply for an assisted living home license, which has considerably higher expectations and requirements than a foster home license.

3:44:50 PM

MR. NEWMAN summarized the current process saying that when a foster care child becomes an adult the parents lose the ability to receive a childcare stipend, the rate of family home rehabilitation reimbursement is reduced, he/she loses the ability to receive personal care services, and the foster parents need to set up the home to meet the license requirements for an assisted living home.

MR. NEWMAN explained that HB 119 proposes an alternative that makes it easier for the foster parent and the former foster child to stay together. Instead of offering adult family habilitation, the foster parents could be certified as adult foster parents and receive a daily stipend that has lighter expectations around providing habilitative services but pays more than a room and board style rate. He said the department would create a new Adult Foster Home License, with requirements more akin to a child foster home than an assisted living home. He said the best thing would be the continuity of care that HB 119 would allow. He emphasized that no one would be forced into the new arrangement, but for those who want to stay together longer, this could be an option.

3:46:54 PM

CO-CHAIR ZULKOSKY asked about different waiver services that are currently provided to individuals to promote independence.

MR. NEWMAN replied that those services could include transportation, meals, adult day services, and day habilitation.

CO-CHAIR ZULKOSKY asked if those services would be similar to those offered through the foster care path that is being discussed in HB 119.

MR. NEWMAN replied yes. He said that is what the division envisioned being accessible by the adult who is in adult foster care.

CO-CHAIR ZULKOSKY asked Mr. Newman to discuss what the personal care services entail and how the difference in the two types of stipends would work if the waiver services were similar.

MR. NEWMAN answered that as described earlier, personal care services are provided by people coming to the homes of individuals who have limitations in performing the activities of daily living, such as eating, toileting, bathing, and dressing. He shared that the division offers personal care services for individuals after they turn six years old and suggested that it can be a valuable service as the youth get older.

MR. NEWMAN, in response to the second part of the question regarding the stipends, he referred to the graphic and said when a youth is receiving Child Family Home Habilitation, the caregivers are reimbursed at a rate of \$157 a day. He said the rate goes down to \$126 a day when the child becomes an adult because of the expectation that the caregiver will access the additional services, and it is assumed that the foster child has developed some level of independence. He offered that the new proposed rate was meant to be less than the rate of Adult Family Home Habilitation, but something more than the expectation of providing room and board.

[3:52:16 PM](#)

CO-CHAIR ZULKOSKY asked for confirmation that there would not be the mandates or expectations on a foster care environment to adapt to a home habilitation dynamic, and that is where the decrease in funding is. She asked if HB 119 expanded options with an opportunity for adults with disabilities to choose a foster care option, or if it required a particular path to be chosen.

MR. NEWMAN those eligible for the service would be youth who had been in foster care and had been on a Medicaid HCBS Waiver.

CO-CHAIR ZULKOSKY asked for confirmation that HB 119 sought to add the foster care option without removing the Medicaid home option if an Alaskan wanted to move into a family home environment and not the foster care path.

MR. NEWMAN confirmed that the division was preserving all existing options.

[3:54:26 PM](#)

REPRESENTATIVE SPOHNHOLZ clarified that youth can stay in foster care until the age of 21, and what was being proposed was a new pathway to adult foster care for those that require long-term support through disability. She asked for the difference to be described between a youth foster home license and an adult foster home license.

MR. NEWMAN responded that the adult foster home license had not been created yet, but the bill would allow the development of regulations that would allow DHSS to dive into the details of what makes an adult foster home different from or similar to a child foster home. He said the idea is that the adult foster home would closely resemble the foster home expectation than the adult assisted living home expectation.

3:57:07 PM

CHRISSY VOGLEY, Community Relations Manager, Office of Children's Services, Department of Health and Social Services, answered Representative Spohnholz's question. She echoed Mr. Newman's statement that the regulations had not been created for an adult foster home. She explained that DHSS was planning on looking at the regulations for youth foster homes and carrying over much of the same expectations. She said that with regards to environmental safety, the department may look at the assisted living homes compared with youth foster homes and try to combine some of the regulations in order to craft what an adult foster home could look like. She commented that the Office of Children's Services (OCS) would be looking at changing foster home regulations for youth shortly and offered that committee members could look to the new proposed regulations when creating regulations for HB 119.

REPRESENTATIVE SPOHNHOLZ commented that this sounded like an opportunity to create a more natural continuum for individuals in foster care who have experienced a disability and for their foster parents to continue their relationship into adulthood. She asked if the vision were that a foster parent could change his/her license when an individual being fostered transitioned into adulthood.

MS. VOGLEY yes, that is the intent of the proposed legislation. She acknowledged that the legislation before the committee did not go into detail and asked the department to create regulations to make it a very streamlined process for a foster parent with a license, who has a foster child, who is medically complex and wants to remain in the home, to easily transition

into an adult foster care license. She pointed out that while OCS can retain custody of the youth up to age 21, the intent of the bill would be that custody could be released at age 18.

REPRESENTATIVE SPOHNHOLZ asked if this could become a permanent situation for an adult who was in care and was likely to need additional support for the rest of his/her.

MS. VOGLEY answered yes.

[4:00:29 PM](#)

REPRESENTATIVE SPOHNHOLZ asked if DHSS had considered ways to transition someone in this new adult foster care into a permanent guardianship or adoption placement that could include elements of the described supports, so that person could have a normal family life.

MS. VOGLEY answered that there have been many discussions about the best ways to coordinate the program. She said the intent would be expanding the options, specifically for foster youth with medically complex conditions. She commented that there could be a number of reasons not to go the foster or guardianship route with these youth and clarified that this would be another path that people could opt to do.

REPRESENTATIVE SPOHNHOLZ shared that she had adopted a child with a cognitive disability. She commented that those with disabilities may never have independence but may want permanency. She said it was incumbent upon the committee members and DHSS to create a natural pathway that doesn't harm people while creating permanent relationships. She shared that her daughter has siblings who were never able to get a permanent relationship because there was concern that they would lose necessary supports. She said there could have been a permanent adoption, if it had been clear the foster parents could get the supports.

[4:03:11 PM](#)

REPRESENTATIVE MCCARTY asked if the disabilities to qualify for such programs had been defined.

MR. NEWMAN answered yes. The expectation is an individual would be eligible for a HCBS Waiver. He shared that DHSS had been asked during another committee hearing whether someone who is hard of hearing would be eligible for this service. He said the

answer was no; the expectation is that to qualify, an individual has a disability such that they could receive services in an institution such as an intermediate care facility for individuals with intellectual and developmental disabilities or a skilled nursing facility. He concluded it was a "fairly high degree" of functional disability.

REPRESENTATIVE MCCARTY asked if the disabled adults who were able to stay on with foster parents would be wards of the court or of the foster parents.

MR. NEWMAN answered that the guardians of youth are usually public guardians, often grandparents or family friends. He explained that the guardianship process would not change from the way it is done currently.

REPRESENTATIVE MCCARTY described a circumstance where an individual in adult foster care needed to go into a higher-level care facility because dynamic in the home changed. He asked whether that individual could later return to adult foster care.

MR. NEWMAN replied that language in proposed legislation would allow individuals who had previously been in a foster situation, but aren't currently, to be able to return. He said it is estimated that a few former foster children and their families want to return to those situations.

[4:07:11 PM](#)

CO-CHAIR ZULKOSKY asked about the pathway for decision-making for the youth that are becoming adults and can choose whether to enter a skilled nursing facility, Medicaid home, or an adult foster care environment, and how that is articulated under HB 119.

[4:08:17 PM](#)

LYNN KEILMAN-CRUZ, Chief of Quality, Division of Senior and Disability Services, Department of Health and Social Services, answered questions about HB 119 on behalf of the sponsor, House Rules, by request of the governor. She said the Division of Senior and Disability Services works closely with OCS to identify youth that are "aging out," and works with the families and the youths to determine if a guardian is needed. She shared that the division also works with a care coordinator, who in turn works with the youth to find out his/her goals and living situation requirements. She offered that this is one way the

division and OCS use to find if an aging out youth needs a guardian and what the youth's choices are.

CO-CHAIR ZULKOSKY asked if the care coordinator would likely be involved in the decision-making process with the young Alaskan.

MS. KEILMAN-CRUZ replied not exactly. She explained that the care coordinator involves a planning team, including, for example, a family member or grandparent - often whoever is a part of the youth's natural support system to determine the needs of the individual. She offered that if the youth needs a guardian, the team will try to apply for that ahead of time, but it does not make a decision on behalf of the individual.

CO-CHAIR ZULKOSKY commented that she would be interested in learning more about the decision-making process that would be afforded through the proposed legislation outside of the committee.

MS. KEILMAN-CRUZ stated she would provide the information.

[4:11:44 PM](#)

REPRESENTATIVE SPOHNHOLZ asked if it were the intention that if a youth moved to adult foster care, then the individual's Medicaid services would seamlessly follow.

MR. NEWMAN answered that that is the expectation.

REPRESENTATIVE SPOHNHOLZ commented that part of having an "authentic" family relationship is having the adult foster parents be involved in decision making. She asked how DHSS anticipated foster parents being included in the decision-making process. She commented that in her experience as a foster parent, she wasn't considered in decision making for her youth. She opined that for a long-term relationship, DHSS may want to consult with the foster parents.

MR. NEWMAN replied that the intention is for the foster parents and other individuals who are closely involved in the care to participate in planning the needed services. He stated that the division continually tries to put the individual at the center of the planning process. He said the care coordinator was a critical piece for bringing people together to identify needed services and unite efforts.

[4:14:10 PM](#)



REPRESENTATIVE PRAX commented that it seemed the caretaker would have the same relationship as the child became an adult, along with the same responsibilities and expenses. He asked why they received less in reimbursement.

MR. NEWMAN explained there are reduced expectations for providing habilitative services as a child becomes an adult, so the stipend is reduced. He suggested that the proposed \$115 is an increase from the information from OCS.

REPRESENTATIVE PRAX asked how the legal authority changes between the foster parent of a child to the foster caregiver of an adult, and if the caregiver still had authority in the legal decision-making processes.

MR. NEWMAN replied that the division chose the name of adult foster care to draw a connection from child foster care, because it would come with the same "custodial expectations" that characterize child foster care.

[4:18:25 PM](#)

MS. KEILMAN-CRUZ explained that when an individual becomes an adult at age 18, if the individual is capable of making his/her own choices, then decisions are not made on the individual's behalf by the state or by the foster parents. She said if DHSS determines that the individual lacks the capacity to make the decisions, there is a "small plethora" of things the individual can choose, such as power of attorney, a conservator, or a full guardian. She stressed that it is the individual's choice, and the individual may choose the foster parent to be the guardian. She shared that the individual chooses his/her planning committee.

REPRESENTATIVE PRAX shared that he dealt with an adult in an unofficial foster care situation that the state didn't approve of. He said it was undecided if the individual was capable of making his/her own decisions and a "court visitor" caused some complications. He asked if that function came into this situation as well.

MS. KEILMAN-CRUZ answered, yes. She explained that that is part of the process for determining if the child or the adult has the capacity. She said that at that point in time Alaska Adult Protective Services (APS) may be called upon to help make that determination. She explained that the court visitor is

appointed by the courts to do the investigation to determine who would be a good guardian or conservator, or if the young adult would be better served through power of attorney.

[4:21:45 PM](#)

REPRESENTATIVE SPOHNHOLZ offered context, stating that foster parents do not have guardianship rights for the individuals in their care. She explained that every foster youth has a guardian ad litem (GAL), or an adult can have a public guardian. She said these people are responsible for making legal decisions. She wanted to clarify earlier comments, saying that she wanted foster parents included in decisions. She opined that while foster parents should not have legal rights, because that is not their role, she thinks they should be involved.

[4:23:03 PM](#)

REPRESENTATIVE MCCARTY commented that Representative Spohnholz was speaking about foster youth who were the wards of the court. He countered that this discussion was about the foster parents of adults who needed help. He asked if an adult foster care person would be a possible candidate as a guardian or a conservator.

MR. NEWMAN responded that that was discussed in the early stages of drafting the bill. It was decided that the bill would remain silent on that point. He offered his understanding that it was better to avoid conflict of interest.

REPRESENTATIVE MCCARTY offered his understanding that the courts are still involved, even though the person is not a ward of the courts.

MR. NEWMAN replied [that that was his understanding]. He offered that he spoke with the courts about the proposed legislation, and it was concluded the courts wouldn't change its process based on the new service.

[4:26:05 PM](#)

CO-CHAIR ZULKOSKY commented that she appreciated the discussion about DHSS's struggle to identify the best verbiage to use. She said it seemed awkward when talking about youth who were aging out of foster care, to then refer to an option for them to move into an adult foster care environment. She said she would be interested in more accurately capturing what the pathway may be,

such as an in-homecare or family-care environment as opposed to foster care. She asked if someone could speak to the intention behind Section 6 of the proposed legislation.

MR. NEWMAN commented that a number of other states have an adult foster care service. He said DHSS has a consultant who said this is a common service, and it goes by "Adult Foster Care" in other states. He acknowledged that it could mean different things in terms of eligibility and provider qualifications. He explained that Section 6 has two parts. He said one part is related to Executive Order (EO) 119, and with the order withdrawn, the DHSS has no objection to removing that piece. He said the second part of Section 6 speaks to a "crisis stabilization center" and a "subacute mental health facility". He offered that his understanding was that this was conforming language to make sure that this bill was in alignment with legislation that is going to be introduced shortly by DHSS and that the section refers to another Act. He offered his understanding that the term "subacute mental health facility" is a better term than a "crisis stabilization center".

CO-CHAIR ZULKOSKY clarified that Section 6, subsection (b) is conforming language to other proposed legislation that is not yet introduced.

MR. NEWMAN replied yes.

[4:30:03 PM](#)

CO-CHAIR SNYDER commented that during a past hearing in the House Health and Social Services Standing Committee during discussion of EO 119, there had been concern about language that seemed to remove the term "crisis stabilization center", along with concerns of the implications of that potential action. She said she was curious if replacing this language for the forthcoming legislation would cause those concerns to continue.

[4:30:52 PM](#)

SUZANNE CUNNINGHAM, Legislative Director, Office of the Commissioner, Department of Health and Social Services, answered questions about HB 119 on behalf of the sponsor, House Rules, by request of the governor. She said that subsection (b), which is the section that refers to the subacute mental health facility, is somewhat confusing because the legislation has not been introduced yet. She said that hopefully when the legislation is introduced, it will be apparent how it all interrelates and how

it enhances work that was started by Representative Claman last session with Senate Bill 20. She commented DHSS looks forward to having a dialogue with the legislature [regarding the different legislation as it goes through the legislative process].

CO-CHAIR SNYDER asked if Ms. Cunningham could speak to the rationale for the change.

MS. CUNNINGHAM replied that through working with the Alaska Mental Health Trust and the Division of Behavioral Health, and looking at other models used throughout the U.S., particularly one in Pheonix, Arizona, a forthcoming definition such as "subacute mental health facility" would be a better description for the type of center. She commented that it should be looked at as a whole in the entirety of the legislation, as well as the pathway in the involuntary commitment process.

[4:33:05 PM](#)

CO-CHAIR SNYDER opened public testimony on HB 119. After ascertaining that there was no one who wished to testify, she closed public testimony.

[HB 119 was held over.]

#### **SB 70-OPIOID OVERDOSE DRUGS**

[4:33:32 PM](#)

CO-CHAIR SNYDER announced that the final order of business would be a return to CS FOR SENATE BILL NO. 70(HSS), "An Act relating to opioid overdose drugs; and providing for an effective date."

[4:34:08 PM](#)

CO-CHAIR ZULKOSKY moved to report CSSB 70(HSS) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSB 70(HSS) was reported out of the House Health and Social Services Standing Committee.

[4:35:44 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:36 p.m.